

# FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

VOTE 2 REDUCE DEBT (V2RD)

ADDRESS (number and street)

1005 CONGRESS AVE STE 350

☐ Check if different than previously reported. (ACC)

AUSTIN

TX

78701

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00563064

3. IS THIS REPORT

☐ NEW (N)

OR

☒ AMENDED (A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☐ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ July 31 Mid-Year Report (Non-election Year Only) (MY)☐ Termination Report (TER)

(b) Monthly Report Due On:

☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11) (Non-Election Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12) (Non-Election Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

11 04 2014

in the State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y

10 01 2014

through

M M M / D D D / Y Y Y Y Y Y

10 15 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. KENNETH W. DAVIS JR.

Signature of Treasurer

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

01 31 2015

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

VOTE 2 REDUCE DEBT (V2RD)

Report Covering the Period: From: M M / D D / Y Y Y Y Y 10 / 01 / 2014 To: M M / D D / Y Y Y Y Y 10 / 15 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y</span> 2014		<span style="border: 1px solid black; padding: 2px;">0.00</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">36159.77</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">477516.53</span>	<span style="border: 1px solid black; padding: 2px;">2536448.76</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">513676.30</span>	<span style="border: 1px solid black; padding: 2px;">2536448.76</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">436427.83</span>	<span style="border: 1px solid black; padding: 2px;">2459200.29</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">77248.47</span>	<span style="border: 1px solid black; padding: 2px;">77248.47</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**VOTE 2 REDUCE DEBT (V2RD)**

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	5		2	0	1	4

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	476848.85	2531210.50
(ii) Unitemized .....	25.00	2329.01
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	476873.85	2533539.51
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	476873.85	2533539.51
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	642.68	2891.43
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	17.82
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	477516.53	2536448.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	477516.53	2536448.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	41077.80	1057107.41
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	41077.80	1057107.41
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	395350.03	1402092.88
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	436427.83	2459200.29
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	436427.83	2459200.29

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	476873.85	2533539.51
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	476873.85	2533539.51
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	41077.80	1057107.41
37. Offsets to Operating Expenditures (from Line 15, page 3).....	642.68	2891.43
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	40435.12	1054215.98

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFH`G7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: F3XA

Transaction ID :

Report is amended to remove two transactions that should not have been reported on the Pre-General report. These transaction had been included out of an abundance of caution and in an effort t to submit a Pre-General Report that was as comprehensive as possible. With the benefit of additional information since the time of filing, the Pre-General report should not reflect these transactions. This amendment is filed to remove the transaction that previously appeared on Sch D for Holiday Inn for \$3022.02, and the transaction that originally appeared on Sch B for Patrick Davis Consulting LLC for \$18000.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

**A. Mr. KENNETH W. DAVIS JR.**

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2206751.20

Date of Receipt

10 / 03 / 2014

Transaction ID : SA11AI.5965

Amount of Each Receipt this Period

224339.55

Full Name (Last, First, Middle Initial)

**B. Mr. KENNETH W. DAVIS JR.**

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2399332.02

Date of Receipt

10 / 09 / 2014

Transaction ID : SA11AI.5966

Amount of Each Receipt this Period

192580.82

Full Name (Last, First, Middle Initial)

**C. Mr. KENNETH W. DAVIS JR.**

Mailing Address PO Box 999

City

FORT WORTH

State

TX

Zip Code

76101

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ken Davis Finance

Occupation

Board Chairman

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2458910.50

Date of Receipt

10 / 15 / 2014

Transaction ID : SA11AI.5967

Amount of Each Receipt this Period

59578.48

**SUBTOTAL** of Receipts This Page (optional)..... ►

476498.85

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 8 OF 51

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

**A. Mr. Mark Weimer**

Mailing Address 1058 Kristen Court

City

San Jose

State

CA

Zip Code

95120

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Strategic Media 21

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 06 / 2014

Transaction ID : SA11AI.5958

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

350.00

476848.85

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 51

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

## **A. Staples**

Mailing Address 500 Staples Dr

City

Farmingham

State

MA

Zip Code

01702

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

541.63

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 02 / 2014

**Transaction ID : SA15.5962**

Amount of Each Receipt this Period

491.07

Refund of Office Supply Purchase

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

491.07

491.07

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 51

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

**A. 815 Houston L.P.**

Mailing Address 2501 Parkview

City Fort Worth      State TX      Zip Code 76102

Purpose of Disbursement  
Rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 03 / 2014
**Transaction ID : SB21B.5976**

Amount of Each Disbursement this Period

1810.87

Full Name (Last, First, Middle Initial)

**B. Alliant Insurance Services Inc.**

Mailing Address PO Box 27025

City Richmond      State VA      Zip Code 23261

Purpose of Disbursement  
Insurance Premium

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 06 / 2014
**Transaction ID : SB21B.5979**

Amount of Each Disbursement this Period

1924.05

Full Name (Last, First, Middle Initial)

**C. American Airlines**

Mailing Address 4333 Amon Carter Blvd

City Fort Worth      State TX      Zip Code 76155

Purpose of Disbursement  
Airfare Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2014
**Transaction ID : SB21B.5980**

Amount of Each Disbursement this Period

492.70

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4227.62

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 51

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

**A. AT&T**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

Mailing Address PO Box 5014

City	State	Zip Code
Carol Stream	IL	60197

**Transaction ID : SB21B.5981**Purpose of Disbursement  
Phone Bill

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

147.69
--------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**B. Authorize.net**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2014

Mailing Address PO Box 947

City	State	Zip Code
American Fort	UT	84003

**Transaction ID : SB21B.5982**Purpose of Disbursement  
Merchant Fees

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

10.20
-------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Full Name (Last, First, Middle Initial)

**C. Calder Group LLC**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

Mailing Address PO Box 552

City	State	Zip Code
Portland	MI	48875

**Transaction ID : SB21B.6020**Purpose of Disbursement  
Election Consultant Expenses

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

520.80
--------

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State:	District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

678.69
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

**A. David Goldberg Blogs**

Mailing Address PO Box 2755

City	State	Zip Code
Sugar Land	TX	77478

Purpose of Disbursement  
Writer

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : SB21B.5983**

Amount of Each Disbursement this Period

1500.00
---------

Full Name (Last, First, Middle Initial)

**B. Farmers & Parkers LP**Mailing Address 2501 Parkview Drive  
Ste 418

City	State	Zip Code
Fort Worth	TX	76102

Purpose of Disbursement  
Monthly Garage Rent

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		03		2014

**Transaction ID : SB21B.5984**

Amount of Each Disbursement this Period

200.00
--------

Full Name (Last, First, Middle Initial)

**C. Marcie Finney**

Mailing Address 2508 College Ave

City	State	Zip Code
Fort Worth	TX	76110

Purpose of Disbursement  
Services for Printing and Design

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

**Transaction ID : SB21B.5482**

Amount of Each Disbursement this Period

1498.57
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3198.57
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 51

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

**A. Frontier Airlines**

Mailing Address PO Box 492085

City	State	Zip Code
Denver	CO	80249

Purpose of Disbursement  
Airfare Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : SB21B.5986**

Amount of Each Disbursement this Period

384.20
--------

Full Name (Last, First, Middle Initial)

**B. Frontier Airlines**

Mailing Address PO Box 492085

City	State	Zip Code
Denver	CO	80249

Purpose of Disbursement  
Airfare Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : SB21B.5987**

Amount of Each Disbursement this Period

25.00
-------

Full Name (Last, First, Middle Initial)

**C. Frontier Airlines**

Mailing Address PO Box 492085

City	State	Zip Code
Denver	CO	80249

Purpose of Disbursement  
Airfare Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

**Transaction ID : SB21B.5988**

Amount of Each Disbursement this Period

25.00
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

434.20
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

**A. Grace Admin Services Inc.**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	7			2	0	1	4		

Mailing Address 672 Bear Creek Dr

**Transaction ID : SB21B.5989**

City	State	Zip Code
Hurst	TX	76054

Amount of Each Disbursement this Period

Purpose of Disbursement  
Staffing ServicesCategory/  
Type

3	4	5	0	0	0								
---	---	---	---	---	---	--	--	--	--	--	--	--	--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. Monica Hamilton**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			0	6			2	0	1	4		

Mailing Address 6112 Zephyr Way  
Apt 1713**Transaction ID : SB21B.5974**

Amount of Each Disbursement this Period

City	State	Zip Code
Fort Worth	TX	76101

Purpose of Disbursement  
SalaryCategory/  
Type

2	0	0	0	0									
---	---	---	---	---	--	--	--	--	--	--	--	--	--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. Monica Hamilton**

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	0			1	4			2	0	1	4		

Mailing Address 6112 Zephyr Way  
Apt 1713**Transaction ID : SB21B.5975**

Amount of Each Disbursement this Period

City	State	Zip Code
Fort Worth	TX	76101

Purpose of Disbursement  
SalaryCategory/  
Type

2	2	0	0	0									
---	---	---	---	---	--	--	--	--	--	--	--	--	--

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2	7	4	5	0	0								
---	---	---	---	---	---	--	--	--	--	--	--	--	--

2	7	4	5	0	0								
---	---	---	---	---	---	--	--	--	--	--	--	--	--

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 51

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

**A. Madison Strategies LLC**

Mailing Address 5307 Atlantic Ave

City Virginia Beach      State VA      Zip Code 23451

Purpose of Disbursement  
Public Relations Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 07 / 2014
**Transaction ID : SB21B.5991**

Amount of Each Disbursement this Period

293.18

Full Name (Last, First, Middle Initial)

**B. One Degree LLC**

Mailing Address 6911 Marina Shores Ct

City Arlington      State TX      Zip Code 77016

Purpose of Disbursement  
Media Consulting and Broadcast Talent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2014
**Transaction ID : SB21B.5992**

Amount of Each Disbursement this Period

6000.00

Full Name (Last, First, Middle Initial)

**C. Patrick Davis Consulting LLC**

Mailing Address 5160 Hearthstone Ln

City Colorado Springs      State CO      Zip Code 80919

Purpose of Disbursement  
Political and Strategic Consulting

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

State:      District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 14 / 2014
**Transaction ID : SB21B.5993**

Amount of Each Disbursement this Period

18000.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

24293.18

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

**A. Hunter Pickels**

Mailing Address 6536 LaSalle Ave

City	State	Zip Code
Baton Rouge	LA	70806

Purpose of Disbursement  
Reimbursement for Mileage

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2014

**Transaction ID : SB21B.5973**

Amount of Each Disbursement this Period

44.24
-------

Full Name (Last, First, Middle Initial)

**B. Staples**

Mailing Address 500 Staples Dr

City	State	Zip Code
Farmingham	MA	01702

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : SB21B.5994**

Amount of Each Disbursement this Period

11.34
-------

Full Name (Last, First, Middle Initial)

**C. Staples**

Mailing Address 500 Staples Dr

City	State	Zip Code
Farmingham	MA	01702

Purpose of Disbursement  
Office Supplies

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : SB21B.5995**

Amount of Each Disbursement this Period

32.46
-------

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

88.04
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

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☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

**A. Travelocity USA**

Mailing Address 3150 Sabre Dr

City Southlake State TX Zip Code 76092

Purpose of Disbursement  
Airfare Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 15 2014
**Transaction ID : SB21B.5996**

Amount of Each Disbursement this Period

931.84

Full Name (Last, First, Middle Initial)

**B. Travelocity USA**

Mailing Address 3150 Sabre Dr

City Southlake State TX Zip Code 76092

Purpose of Disbursement  
Airfare Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 15 2014
**Transaction ID : SB21B.5997**

Amount of Each Disbursement this Period

101.02

Full Name (Last, First, Middle Initial)

**C. Travelocity USA**

Mailing Address 3150 Sabre Dr

City Southlake State TX Zip Code 76092

Purpose of Disbursement  
Airfare Expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 15 2014
**Transaction ID : SB21B.5998**

Amount of Each Disbursement this Period

1001.28

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2034.14

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 51

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

**A. United Airlines**

Mailing Address 233 S Wacker Dr

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement  
Airfare Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

**Transaction ID : SB21B.5999**

Amount of Each Disbursement this Period

1555.70
---------

Full Name (Last, First, Middle Initial)

**B. United Airlines**

Mailing Address 233 S Wacker Dr

City	State	Zip Code
Chicago	IL	60606

Purpose of Disbursement  
Airfare Expense

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

**Transaction ID : SB21B.6000**

Amount of Each Disbursement this Period

1555.70
---------

Full Name (Last, First, Middle Initial)

**C. US Treasury**

Mailing Address 1500 Pennsylvania Ave NW

City	State	Zip Code
Washington	DC	20220

Purpose of Disbursement  
Tax Payments

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2014

**Transaction ID : SB21B.6001**

Amount of Each Disbursement this Period

183.60
--------

**SUBTOTAL** of Disbursements This Page (optional).....▶

3295.00
---------

**TOTAL** This Period (last page this line number only).....▶

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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 51

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

Full Name (Last, First, Middle Initial)

**A. Wells Fargo**

Mailing Address 900 D Ranch Road 620 S

City Austin                      State TX                      Zip Code 78734

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2014
**Transaction ID : SB21B.6002**

Amount of Each Disbursement this Period

10.00

Full Name (Last, First, Middle Initial)

**B. Wells Fargo**

Mailing Address 900 D Ranch Road 620 S

City Austin                      State TX                      Zip Code 78734

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
10 / 09 / 2014
**Transaction ID : SB21B.6003**

Amount of Each Disbursement this Period

3.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City                                      State                                      Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:    ☐ House  
                         ☐ Senate  
                         ☐ President

State:                      District:

Disbursement For:  
☐ Primary    ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

13.00

41007.44

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 20 OF 51

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Calder Group LLC**Nature of Debt (Purpose):  
Media Election Consulting

Mailing Address PO Box 552

City State

Zip Code

Portland

MI

48875

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.6551

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Ephraim Froelich**Nature of Debt (Purpose):  
Media Election Consulting

Mailing Address 1785 Evergreen Ave

City State

Zip Code

Juneau

AK

99801

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.6548

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Matt Mercer**Nature of Debt (Purpose):  
Media Election Consulting

Mailing Address PO Box 612

City

State

Zip Code

Madison

NC

27025

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.6544

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFH'G7 <98I @ 'CF' +H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.6551

The entry is not in fact for a debt or obligation outstanding as of the closing date of Oct Report within the meaning of 11 CFR 104.11. Transaction appears as a work around for the functional limitations of the FEC Filing Software (FFS) to clarify the memo entry on the original filed report and merely indicates that a portion of the total cost disclosed on the related 24/48 Hour Notice filed during the Oct Report's reporting period was paid after the closing date of the report, once hours of service had been delivered to the committee by the vendor and the payment was due and owing. The actual date of the payment of the obligation cannot be used for such a Sch D entry if it should appear on a report filed before such obligation is due and owing because of the limitations in the FFS functionality; this transaction is dated according to the dissemination date of the related Sch E transaction. 24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948735.

Form/Schedule: SD10

Transaction ID: SD10.6548

The entry is not in fact for a debt or obligation outstanding as of the closing date of Oct Report within the meaning of 11 CFR 104.11. Transaction appears as a work around for the functional limitations of the FEC Filing Software (FFS) to clarify the memo entry on the original filed report and merely indicates that a portion of the total cost disclosed on the related 24/48 Hour Notice filed during the Oct Report's reporting period was paid after the closing date of the report, once hours of service had been delivered to the committee by the vendor and the payment was due and owing. The actual date of the payment of the obligation cannot be used for such a Sch D entry if it should appear on a report filed before such obligation is due and owing because of the limitations in the FFS functionality; this transaction is dated according to the dissemination date of the related Sch E transaction. 24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948730. The original Notice was later amended by report ID FEC-949510 filed on 8/30/2014 for reasons unrelated to this transactions.

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SD10

Transaction ID : SD10.6544

The entry is not in fact for a debt or obligation outstanding as of the closing date of Oct Report within the meaning of 11 CFR 104.11. Transaction appears as a work around for the functional limitations of the FEC Filing Software (FFS) to clarify the memo entry on the original filed report and merely indicates that a portion of the total cost disclosed on the related 24/48 Hour Notice filed during the Oct Report's reporting period was paid after the closing date of the report, once hours of service had been delivered to the committee by the vendor and the payment was due and owing. The actual date of the payment of the obligation cannot be used for such a Sch D entry if it should appear on a report filed before such obligation is due and owing because of the limitations in the FFS functionality; this transaction is dated according to the dissemination date of the related Sch E transaction. 24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948736 and the clerical error for the dissemination date was corrected by the amended Notice ID FEC-949507 filed on 8/30.

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 23 OF 51

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Peak Political Solutions**Nature of Debt (Purpose):  
Media Election Consulting

Mailing Address 9625 Blue Grass Place

City State

Zip Code

Colorado Springs

CO

80925

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.6557

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Hunter Pickels**Nature of Debt (Purpose):  
Media Election Consulting

Mailing Address 6536 LaSalle Ave

City State

Zip Code

Baton Rouge

LA

70806

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.6546

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Ryan Rhodes**Nature of Debt (Purpose):  
Media Election Consulting

Mailing Address 537 28th St

City

State

Zip Code

West Des Moines

IA

50265

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.6554

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFH'G7 <98I @ 'CF' +H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.6557

The entry is not in fact for a debt or obligation outstanding as of the closing date of Oct Report within the meaning of 11 CFR 104.11. Transaction appears as a work around for the functional limitations of the FEC Filing Software (FFS) to clarify the memo entry on the original filed report and merely indicates that a portion of the total cost disclosed on the related 24/48 Hour Notice filed during the Oct Report's reporting period was paid after the closing date of the report, once hours of service had been delivered to the committee by the vendor and the payment was due and owing. The actual date of the payment of the obligation cannot be used for such a Sch D entry if it should appear on a report filed before such obligation is due and owing because of the limitations in the FFS functionality; this transaction is dated according to the dissemination date of the related Sch E transaction. 24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948732.

Form/Schedule: SD10

Transaction ID: SD10.6546

The entry is not in fact for a debt or obligation outstanding as of the closing date of Oct Report within the meaning of 11 CFR 104.11. Transaction appears as a work around for the functional limitations of the FEC Filing Software (FFS) to clarify the memo entry on the original filed report and merely indicates that a portion of the total cost disclosed on the related 24/48 Hour Notice filed during the Oct Report's reporting period was paid after the closing date of the report, once hours of service had been delivered to the committee by the vendor and the payment was due and owing. The actual date of the payment of the obligation cannot be used for such a Sch D entry if it should appear on a report filed before such obligation is due and owing because of the limitations in the FFS functionality; this transaction is dated according to the dissemination date of the related Sch E transaction. 24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948734 reporting lump sum estimated due to vendor.

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB

Form/Schedule: SD10

Transaction ID : SD10.6554

The entry is not in fact for a debt or obligation outstanding as of the closing date of Oct Report within the meaning of 11 CFR 104.11. Transaction appears as a work around for the functional limitations of the FEC Filing Software (FFS) to clarify the memo entry on the original filed report and merely indicates that a portion of the total cost disclosed on the related 24/48 Hour Notice filed during the Oct Report's reporting period was paid after the closing date of the report, once hours of service had been delivered to the committee by the vendor and the payment was due and owing. The actual date of the payment of the obligation cannot be used for such a Sch D entry if it should appear on a report filed before such obligation is due and owing because of the limitations in the FFS functionality; this transaction is dated according to the dissemination date of the related Sch E transaction. 24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948733. The original Notice was later amended by report ID FEC-949508 filed on 8/30/2014 for reasons unrelated to this transactions.

Form/Schedule:

Transaction ID:

**SCHEDULE D (FEC Form 3X)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 26 OF 51

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**VOTE 2 REDUCE DEBT (V2RD)**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Jebb Young**Nature of Debt (Purpose):  
Media Election Consulting

Mailing Address 4200 Calion Hwy

City State

Zip Code

El Dorado

AR

71730

Outstanding Balance Beginning This Period

7500.00

Transaction ID : SD10.6555

Amount Incurred This Period

0.00

Payment This Period

7500.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional)..... ►

0.00

2) **TOTALS** This Period (last page this line number only)..... ►

0.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) ..... ►4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ►

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFH'ZG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SD10

Transaction ID : SD10.6555

The entry is not in fact for a debt or obligation outstanding as of the closing date of Oct Report within the meaning of 11 CFR 104.11. Transaction appears as a work around for the functional limitations of the FEC Filing Software (FFS) to clarify the memo entry on the original filed report and merely indicates that a portion of the total cost disclosed on the related 24/48 Hour Notice filed during the Oct Report's reporting period was paid after the closing date of the report, once hours of service had been delivered to the committee by the vendor and the payment was due and owing. The actual date of the payment of the obligation cannot be used for such a Sch D entry if it should appear on a report filed before such obligation is due and owing because of the limitations in the FFS functionality; this transaction is dated according to the dissemination date of the related Sch E transaction. 24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948731. The original Notice was later amended by report ID FEC-949509 filed on 8/30/2014 for reasons unrelated to this transactions.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 28 OF 51  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Calder Group LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2014</b>
Mailing Address <b>PO Box 552</b>		Amount <b>7500.00</b>
City <b>Portland</b>	State <b>MI</b>	Zip Code <b>48875</b>
Purpose of Expenditure <b>Media Election Consulting</b>	Category/Type	Transaction ID : <b>SE.6552</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 10 / 2014</b>
Name of Federal Candidate <b>TERRI LYNN LAND</b>		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>211373.15</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Ephraim Froelich</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2014</b>
Mailing Address <b>1785 Evergreen Ave</b>		Amount <b>7500.00</b>
City <b>Juneau</b>	State <b>AK</b>	Zip Code <b>99801</b>
Purpose of Expenditure <b>Media Election Consulting</b>	Category/Type	Transaction ID : <b>SE.6550</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 10 / 2014</b>
Name of Federal Candidate <b>DAN SULLIVAN</b>		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AK</b>
Calendar Year-To-Date Per Election for Office Sought <b>166970.25</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>15000.00</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**01 / 31 / 2015**

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SE

Transaction ID : SE.6552

24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948735.

Form/Schedule: SE

Transaction ID: SE.6550

24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948730. The original Notice was later amended by report ID FEC-949510 filed on 8/30/2014 for reasons unrelated to this transactions.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 30 OF 51  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00563064</div>	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>				
Full Name of Payee <b>Matt Mercer</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div>	
Mailing Address PO Box 612			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>	
City Madison		State NC	Zip Code 27025	
Purpose of Expenditure Media Election Consulting		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate THOM R TILLIS			Office Sought: <input checked="" type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: NC	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Peak Political Solutions</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div>	
Mailing Address 9625 Blue Grass Place			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">7500.00</div>	
City Colorado Springs		State CO	Zip Code 80925	
Purpose of Expenditure Media Election Consulting		Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Name of Federal Candidate CORY GARDNER			Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: CO	
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">15000.00</div>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. KENNETH W. DAVIS JR. <div style="display: flex; justify-content: space-between; align-items: center;"><div>Signature</div><div>[Electronically Filed]</div><div>Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2015</div></div></div>				

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
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Form/Schedule: SE

Transaction ID : SE.6545

24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948736 and the dissemination date was corrected due to a clerical error from 8/24/2015 to 8/24/2014 by the amended Notice FEC-949507 filed on 8/30.

Form/Schedule: SE

Transaction ID: SE.6559

24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948732.

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 32 OF 51  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Hunter Pickels</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">08 / 24 / 2014</div>		
Mailing Address 6536 LaSalle Ave			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7500.00</div>		
City Baton Rouge		State LA	Zip Code 70806		Transaction ID : <b>SE.6547</b>
Purpose of Expenditure Media Election Consulting		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 10 / 2014</div>	
Name of Federal Candidate WILLIAM CASSIDY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">180116.30</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____
Full Name of Payee <b>Red State Productions</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 18 / 2014</div>		
Mailing Address 1629 K St NW Ste 300			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7142.86</div>		
City Washington		State DC	Zip Code 20006		Transaction ID : <b>SE.5361</b>
Purpose of Expenditure Voter Rally		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 06 / 2014</div>	
Name of Federal Candidate MARK BEGICH			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">152327.39</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14642.86</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures.....			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. KENNETH W. DAVIS JR. _____ Signature			[Electronically Filed]		Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2015</div>

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SE

Transaction ID : SE.6547

24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948734 with an estimated amount of \$22500.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 34 OF 51  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>					
Full Name of Payee <b>Red State Productions</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">19</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1629 K St NW Ste 300			Amount <span style="border: 1px solid black; padding: 2px;">7142.86</span>		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Voter Rally		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE.5362</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate MARK BEGICH			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>AK</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">159470.25</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Red State Productions</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">26</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Mailing Address 1629 K St NW Ste 300			Amount <span style="border: 1px solid black; padding: 2px;">14285.72</span>		
City Washington		State DC	Zip Code 20006		
Purpose of Expenditure Voter Rally		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>	Transaction ID : <b>SE.5363</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">10</span> / <span style="border: 1px solid black; padding: 2px;">06</span> / <span style="border: 1px solid black; padding: 2px;">2014</span>		
Name of Federal Candidate MARK LUNSFORD PRYOR			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">164885.07</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">21428.58</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. KENNETH W. DAVIS JR. _____ Signature			[Electronically Filed]    Date <span style="border: 1px solid black; padding: 2px;">01</span> / <span style="border: 1px solid black; padding: 2px;">31</span> / <span style="border: 1px solid black; padding: 2px;">2015</span>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 35 OF 51  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">M M / D D / Y Y Y Y</span>				
Full Name of Payee <b>Red State Productions</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">26</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 1629 K St NW Ste 300			Amount <span style="border:1px solid black; padding:2px;">14285.72</span>	
City Washington		State DC	Zip Code 20006	
Purpose of Expenditure Voter Rally		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Transaction ID : <b>SE.5364</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate <b>MARK E UDALL</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">184931.59</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
Full Name of Payee <b>Red State Productions</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">23</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Mailing Address 1629 K St NW Ste 300			Amount <span style="border:1px solid black; padding:2px;">14285.72</span>	
City Washington		State DC	Zip Code 20006	
Purpose of Expenditure Voter Rally		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Transaction ID : <b>SE.5365</b> Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">10</span> / <span style="border:1px solid black; padding:2px;">06</span> / <span style="border:1px solid black; padding:2px;">2014</span>	
Name of Federal Candidate <b>BRUCE L BRALEY</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>	
Calendar Year-To-Date Per Election for Office Sought		<span style="border:1px solid black; padding:2px;">180113.87</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">28571.44</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. KENNETH W. DAVIS JR. Signature _____				
[Electronically Filed] Date <span style="border:1px solid black; padding:2px;">01</span> / <span style="border:1px solid black; padding:2px;">31</span> / <span style="border:1px solid black; padding:2px;">2015</span>				

Full Name of Payee <b>Red State Productions</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2014	
Mailing Address 1629 K St NW Ste 300		Amount 14285.72	
City Washington	State DC	Zip Code 20006	Transaction ID : <b>SE.5367</b> Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Purpose of Expenditure Voter Rally		Category/ Type	
Name of Federal Candidate GARY PETERS		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ► _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	28571.44
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 37 OF 51  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Red State Productions</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 24 / 2014		
Mailing Address 1629 K St NW Ste 300			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">14285.71</div>		
City Washington		State DC	Zip Code 20006		Transaction ID : <b>SE.5368</b>
Purpose of Expenditure Voter Rally		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 06 / 2014	
Name of Federal Candidate KAY R HAGAN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">170129.65</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Ryan Rhodes</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 08 / 24 / 2014		
Mailing Address 537 28th St			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">7500.00</div>		
City West Des Moines		State IA	Zip Code 50265		Transaction ID : <b>SE.6560</b>
Purpose of Expenditure Media Election Consulting		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 10 / 2014	
Name of Federal Candidate JONI K ERNST			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>IA</b>		
Calendar Year-To-Date Per Election for Office Sought			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">187613.87</div> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">21785.71</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. KENNETH W. DAVIS JR. _____ Signature			[Electronically Filed]    Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 31 / 2015		

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SE

Transaction ID : SE.6560

24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948733. The original Notice was later amended by report ID FEC-949508 filed on 8/30/2014 for reasons unrelated to this transactions.

Form/Schedule:

Transaction ID:

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 39 OF 51  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>			<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>C</b> C00563064</div>		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>St Cecile Real Estate</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 20 / 2014</div>		
Mailing Address PO Box 14957			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">2850.00</div>		
City Baton Rouge		State LA	Zip Code 70898		<b>Transaction ID : SE.5687</b>
Purpose of Expenditure Rent for Phone Bank Office		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 01 / 2014</div>	
Name of Federal Candidate WILLIAM CASSIDY			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">127616.58</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
Full Name of Payee <b>Strategic Media 21</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 01 / 2014</div>		
Mailing Address 560 S. Winchester Blvd Ste 500			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15357.00</div>		
City San Jose		State CA	Zip Code 95128		<b>Transaction ID : SE.5148</b>
Purpose of Expenditure Advertising Services and Production		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div> <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 03 / 2014</div>	
Name of Federal Candidate DAN SULLIVAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>AK</u>
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">129827.53</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;">18207.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  <div style="display: flex; justify-content: space-between; align-items: flex-end;"><div style="width: 40%;">Mr. KENNETH W. DAVIS JR. <div style="border-top: 1px solid black; width: 100%; margin-top: 5px;"></div>Signature</div><div style="width: 20%; text-align: center;">[Electronically Filed]</div><div style="width: 30%; text-align: right;">Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M / D D / Y Y Y Y Y Y</div><div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">01 / 31 / 2015</div></div></div>					

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 40 OF 51  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span>				
Full Name of Payee <b>Strategic Media 21</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 10 / 01 / 2014	
Mailing Address 560 S. Winchester Blvd Ste 500			Amount <span style="border:1px solid black; padding:2px;">15357.00</span>	
City San Jose	State CA	Zip Code 95128	Transaction ID : <b>SE.5150</b>	
Purpose of Expenditure Advertising Services and Production		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 10 / 03 / 2014	
Name of Federal Candidate THOMAS COTTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>AR</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">135242.35</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Strategic Media 21</b>			Date of Public Distribution/Dissemination <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 10 / 01 / 2014	
Mailing Address 560 S. Winchester Blvd Ste 500			Amount <span style="border:1px solid black; padding:2px;">21607.00</span>	
City San Jose	State CA	Zip Code 95128	Transaction ID : <b>SE.5151</b>	
Purpose of Expenditure Advertising Services and Production		Category/ Type <span style="border:1px solid black; padding:2px;"></span>	Date of Disbursement or Obligation <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 10 / 03 / 2014	
Name of Federal Candidate CORY GARDNER		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>	
Calendar Year-To-Date Per Election for Office Sought <span style="border:1px solid black; padding:2px;">161270.87</span>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;">36964.00</span>	
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border:1px solid black; padding:2px;"></span>	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Mr. KENNETH W. DAVIS JR. Signature _____				
[Electronically Filed] Date <span style="border:1px solid black; padding:2px;">MM</span> / <span style="border:1px solid black; padding:2px;">DD</span> / <span style="border:1px solid black; padding:2px;">YYYY</span> 01 / 31 / 2015				

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 41 OF 51  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 15357.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : <b>SE.5152</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 03 / 2014</b>
Name of Federal Candidate JONI K ERNST		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 15357.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : <b>SE.5153</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 03 / 2014</b>
Name of Federal Candidate WILLIAM CASSIDY		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	30714.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**01 / 31 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 42 OF 51  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 15357.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/ Type	Transaction ID : <b>SE.5154</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 03 / 2014</b>
Name of Federal Candidate TERRI LYNN LAND		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 01 / 2014</b>
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 21608.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/ Type	Transaction ID : <b>SE.5155</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 03 / 2014</b>
Name of Federal Candidate THOM R TILLIS		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	36965.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**01 / 31 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 43 OF 51  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span>					
Full Name of Payee <b>Strategic Media 21</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>10 / 16 / 2014</b>		
Mailing Address 560 S. Winchester Blvd Ste 500			Amount <span style="border: 1px solid black; padding: 2px;">6250.00</span>		
City San Jose		State CA	Zip Code 95128		Transaction ID : <b>SE.5332</b>
Purpose of Expenditure Advertising Services and Production		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>10 / 06 / 2014</b>	
Name of Federal Candidate MARK BEGICH			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>AK</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">136077.53</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Strategic Media 21</b>			Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>10 / 16 / 2014</b>		
Mailing Address 560 S. Winchester Blvd Ste 500			Amount <span style="border: 1px solid black; padding: 2px;">6250.00</span>		
City San Jose		State CA	Zip Code 95128		Transaction ID : <b>SE.5333</b>
Purpose of Expenditure Advertising Services and Production		Category/Type <span style="border: 1px solid black; padding: 2px;"></span>		Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>10 / 06 / 2014</b>	
Name of Federal Candidate MARK LUNSFORD PRYOR			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>AR</b>		
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">141492.35</span>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;">12500.00</span>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<span style="border: 1px solid black; padding: 2px;"></span>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. KENNETH W. DAVIS JR. _____ Signature			[Electronically Filed]    Date <span style="border: 1px solid black; padding: 2px;">MM</span> / <span style="border: 1px solid black; padding: 2px;">DD</span> / <span style="border: 1px solid black; padding: 2px;">YYYY</span> <b>01 / 31 / 2015</b>		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 44 OF 51  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 9375.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : <b>SE.5334</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2014</b>
Name of Federal Candidate <b>MARK E UDALL</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought 170645.87		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 6250.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : <b>SE.5335</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2014</b>
Name of Federal Candidate <b>BRUCE L BRALEY</b>		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought 156721.15		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	15625.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 31 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 45 OF 51  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 6250.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : SE.5336 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate MARY L LANDRIEU		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 16 / 2014
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 6250.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : SE.5337 Date of Disbursement or Obligation MM / DD / YYYY 10 / 06 / 2014
Name of Federal Candidate GARY PETERS		Office Sought: <input type="checkbox"/> House District: <input checked="" type="checkbox"/> Senate State: MI
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	12500.00
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
01 / 31 / 2015

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 46 OF 51  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>			FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>					
Full Name of Payee <b>Strategic Media 21</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 16 / 2014		
Mailing Address 560 S. Winchester Blvd Ste 500			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9375.00</div>		
City San Jose		State CA	Zip Code 95128		Transaction ID : <b>SE.5338</b>
Purpose of Expenditure Advertising Services and Production		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 06 / 2014	
Name of Federal Candidate KAY R HAGAN			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>NC</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">155843.94</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee <b>Strategic Media 21</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 16 / 2014		
Mailing Address 560 S. Winchester Blvd Ste 500			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">9107.00</div>		
City San Jose		State CA	Zip Code 95128		Transaction ID : <b>SE.5339</b>
Purpose of Expenditure Advertising Services and Production		Category/Type <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 10 / 06 / 2014	
Name of Federal Candidate DAN SULLIVAN			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate    District: _____ <input type="checkbox"/> President    State: <b>AK</b>		
Calendar Year-To-Date Per Election for Office Sought <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">145184.53</div>			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">18482.00</div>		
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
(c) <b>TOTAL</b> Independent Expenditures..... ▶			<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Mr. KENNETH W. DAVIS JR. _____ Signature			[Electronically Filed]    Date <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div> 01 / 31 / 2015		

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 47 OF 51  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>	
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 9107.00	
City San Jose	State CA	Zip Code 95128	Transaction ID : <b>SE.5340</b>
Purpose of Expenditure Advertising Services and Production		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2014</b>
Name of Federal Candidate THOMAS COTTON		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>AR</b>
Calendar Year-To-Date Per Election for Office Sought		150599.35	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>	
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 9107.00	
City San Jose	State CA	Zip Code 95128	Transaction ID : <b>SE.5341</b>
Purpose of Expenditure Advertising Services and Production		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2014</b>
Name of Federal Candidate JONI K ERNST		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought		165828.15	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	18214.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**01 / 31 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 48 OF 51  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 9107.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : <b>SE.5342</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2014</b>
Name of Federal Candidate WILLIAM CASSIDY	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>LA</b>
Calendar Year-To-Date Per Election for Office Sought 158330.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 9107.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : <b>SE.5343</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2014</b>
Name of Federal Candidate TERRI LYNN LAND	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought 189587.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	18214.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY  
**01 / 31 / 2015**

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**PAGE 49 OF 51  
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 12233.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : <b>SE.5344</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2014</b>
Name of Federal Candidate THOM R TILLIS		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>NC</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Strategic Media 21</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 16 / 2014</b>
Mailing Address 560 S. Winchester Blvd Ste 500		Amount 12232.00
City San Jose	State CA	Zip Code 95128
Purpose of Expenditure Advertising Services and Production	Category/Type	Transaction ID : <b>SE.5345</b> Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 06 / 2014</b>
Name of Federal Candidate CORY GARDNER		Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	24465.00
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Signature

Date

MM / DD / YYYY  
**01 / 31 / 2015**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

 PAGE 50 OF 51  
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>VOTE 2 REDUCE DEBT (V2RD)</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00563064
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name of Payee <b>Jebb Young</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>08 / 24 / 2014</b>
Mailing Address 4200 Calion Hwy		Amount 7500.00
City El Dorado	State AR	Zip Code 71730
Purpose of Expenditure Media Election Consulting	Category/Type	Transaction ID : SE.6556 Date of Disbursement or Obligation MM / DD / YYYY <b>10 / 10 / 2014</b>
Name of Federal Candidate THOMAS COTTON	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 172385.07		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	7500.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	395350.03

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Mr. KENNETH W. DAVIS JR.

[Electronically Filed]

Date

MM / DD / YYYY  
01 / 31 / 2015

Signature

: 97 'A-G79 @G B9CI G'H9LH'F9 @G H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: SE

Transaction ID : SE.6556

24/48 Hour Notice was timely filed on 8/26/2014 on report ID FEC-948731. The original Notice was later amended by report ID FEC-949509 filed on 8/30/2014 for reasons unrelated to this transactions.

Form/Schedule:

Transaction ID: